THE PAR 2 5 1962  1		ોુડ્ડ	ŌΓ	JRI.	DI	ISION OF HEALTH - STANDARD CERTIFICATE OF DEATH	-62-016756
PACE OF DATA   S. USUAL RESIDENCE (Where decreased lived. It institution, Residence before established)   PACE OF DATA   S. COUNTY   S. LOUIS   Mo. b. COUNTY   St. LOUIS   No. b. COUNTY   St. Louis   St.	DO NOT WHITE	ARTN A A	EN	CO.F	PUE	Registration District No. 1003 Registrat's No	STATE FILE NUMBER
Notified   St. Louis City Hospital   Yes   Not   3620 St. Louis Ave.,   Yes   No   3	ON THIS STUB		AME	(%·X	3	FILED APR 2.5 1962	
Notified   St. Louis City Hospital   Yes   Not   3620 St. Louis Ave.,   Yes   No   3	VS 300					COUNTY	h county
Notified   St. Louis City Hospital   Yes   Not   3620 St. Louis Ave.,   Yes   No   3	Rev. 4/59					b. CITY (if outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY S	t. Louis. Inside Limits
Notified   St. Louis City Hospital   Yes   Not   3620 St. Louis Ave.,   Yes   No   3		YE!				)	
Notifulion   St. Louis City Hospital   Year   No     3620 St. Louis Ave.,   Year   No     3   3   3   3   4   5   5   5   5   5   5   5   5   5	1	4		ļ		c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET	
3   AAME OF DECEASED FIRST Middle Last 0. Date Month Day Vest DEATH April 14, 1962   4 0   5 0   6   8   6   COLOR OR BACE   7. Married   Never Married 20   10. DETO 6 BIRTH   7. AGE (last brindary)   IF UNDER 24 HE MONTH   10. DETO 6 BIRTH   10. DETO 6 BIRTH		19 8				INSTITUTION St. Louis City Hospital Yes No   ADDRESS 36	520 St. Louis Ave., Yes □ No 束
Benjamin J. Engement  5 0  5 0  6 SS  6 SEX B. COLOR RACE 7. Married Divisioned 100-Nover Married 100-29-190, 57  6 Male White 100-190-190, 57  6 SSEX B. COLOR RACE 7. Married Divisioned 110-29-190, 57  6 SSEX B. COLOR RACE 12. Married Divisioned 110-29-190, 57  6 SSEX B. COLOR RACE 12. Married Divisioned 110-29-190, 57  6 SSEX B. COLOR RACE 12. Married Divisioned 110-29-190, 57  6 SSEX B. COLOR RACE 12. Married Divisioned 110-29-190, 57  6 SSEX B. COLOR RACE 12. Married Divisioned 110-29-190, 57  6 SSEX B. COLOR RACE 12. Married Divisioned 110-29-190, 57  6 SSEX B. COLOR RACE 12. Married Divisioned 110-29-190, 57  6 SSEX B. COLOR RACE 12. Married Divisioned 110-29-190, 57  6 SSEX B. COLOR RACE 12. Married Divisioned 110-29-190, 57  6 SSEX B. COLOR RACE 12. Married Divisioned 110-29-190, 57  7 O O O O O O O O O O O O O O O O O O	3 .	1/2	. 1 1		7 I		4. DATE Month Day Year
S. SEX   S. COLOG OF RACE   T. Americal   No. 20   No. 10   No. 10			11				
Male White Widowed Disorced 10-29-1901 57    Months   Day   Hours   Min.	4. 0		11				
10. USUAL OCCUPATION (Give hind of work done of the continue) 12. CHIZEN OF WHAT COUNTRY CONTINUE CONT	5		1.1				57 Months Days Hours Min.
13. FATHER'S NAME   13. NAME   13. NAME OF HUSBAND OR WIFE   15. WAS DECEASED EVER IN U.S. ABMED FORCES?   16. SOCIAL SECURITY NO   17. INFORMANT   Address   18. MARCH HUSBAND OR WIFE   Address   18. CAUGH OF THE CONTROL   19. WAS DECEASED EVER IN U.S. ABMED FORCES?   16. SOCIAL SECURITY NO   17. INFORMANT   Address   17. INFO			11			10e. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (CI	
13. FATHER'S NAME   13. MANE OF HUSBAND OR WIFE   13. MOTHER'S MADEN NAME   13. MANE OF HUSBAND OR WIFE   15. WAS DECEASED EVER IN U.S. ARMED FORES?   16. SOCIAL SECURITY NO   17. INFORMANT   18. MANE OF HUSBAND OR WIFE   18. Address   18. Address   19. MANE OF HUSBAND OR WIFE   19. WAS DECEASED EVER IN U.S. ARMED FORES?   16. SOCIAL SECURITY NO   17. INFORMANT   17. INFORMANT   18. CAUSE OF HUSBAND OR WIFE   18. ADDRESS   18. ADD	6	Ş	11			during most of working life, even if retired)  Coffee Roset en Old Jindre Coffee Co Concord H	HII Mo. J. H.S.A.
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  16. SOCIAL SECURITY NO. 17. INFORMANT Address  Who no, or unknown [if yes, give were or dates of sever of control of the contr	7 0	[[		ŀ		13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES?  10. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	·	┆	11	į		Albert Engemann Martha Lexow	Single
The control of the	8		1			15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT	Address
18. CAUSE OF DEATH (Enter only one cause per line of the lease of the course of the co		_	+			(Yes, no, or unknown) If yes, give war or dates of service Mr Otto J.	Engemann, 4036 N. Newstead Ave
11   12   92 - 0   9   12   13   13   14   15   15   15   15   15   15   15		A RE	•		=	18. CAUSE OF DEATH (Enter only one cause per line fr	INTERVAL BETWEEN
Thick gave rise to above course (a), stating the underly lying course (a), stating the underlying course (b), stating to above course (b), stating the underlying course (b), stating to above course (b), stating the underlying course (b), stating to above course (b), stating the underlying course (b), stating to above course (b), stating the underlying course (b),	10 I	- T	1 1		色	A Charpers Cause BY:	CINSET AND DEATH
The state of the s	11	8 6			S	MANUAL CAUSE (a) THE CAUSE (A)	orume,
PART II. OTHER SIGNIFICANT CONDUTIONS CONTRIBUTING TO DEATH but not related to the terminal disease double of disease condition given in PART III. If deceased was female were preparency in last 90 days.    19. WAS AUTOPSY   20a. ACCIDENT SUICIDE   DOMICIDE   20b. DESCRIBE HOW INJURY, OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)    19. WAS AUTOPSY   20a. ACCIDENT SUICIDE   DOMICIDE   20b. DESCRIBE HOW INJURY, OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)    19. WAS AUTOPSY   20a. ACCIDENT SUICIDE   DOMICIDE   20b. DESCRIBE HOW INJURY, OCCURRED. (Enter nature of injury in PART I or PART II of Item 18.)    20. TIME OF Hour Month, Day, Year   100 to 100	12 6 4 4	REC FAD			ğ	La Conditions, if any, DUE TO (b) Coronary anterior ele	eraxis / year
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal three a pregnancy in last 90 days.    PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal three a pregnancy in last 90 days.   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal three a pregnancy in last 90 days.   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal three a pregnancy in last 90 days.   PART III. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal three a pregnancy in last 90 days.   PART III. If deceased wat female was three a pregnancy in last 90 days.   PART III. If deceased wat female was three a pregnancy in last 90 days.   PART III. If deceased wat female was three a pregnancy in last 90 days.   PART III. If deceased wat female was three a pregnancy in last 90 days.   PART III. If deceased wat female was three appropriately as the pregnancy in last 90 days.   PART III. If deceased wat female was three appropriately as 90 days.   PART III. If deceased wat female was three appropriately as 90 days.   PART III. If deceased wat female was three appropriately as 90 days.   PART III. If deceased wat female was three appropriately as 90 days.   PART III. If deceased wat female was three appropriately as 90 days.   PART III. If deceased wat female was three appropriately as 90 days.   PART III. If deceased wat female was pregnancy in last 90 days.   PART III. If deceased wat female was pregnancy in last 90 days.   PART III. II famely was pregnancy in last 90 days.   PART III. If deceased wat female was pregnancy in last 90 days.   PART III. If deceased wat female was pregnancy in last 90 days.   PART III. If deceased wat female was pregnancy in last 90 days.   PART III. If deceased wat female was pregnancy in last 90 days.   PART II. II. If deceased wat female was pregnancy in last 90 days.   PART III. II. If deceased wat female was pregnancy in last 90 d	13	THIS INS				above cause (a), stating the under-	Pains a Carayin Steam
The performance of the performan		1			6		med explanation soften
TO BE NOT THE AT WORK   No.   19. WAS AUTOPSY   20s. ACCIDENT SUICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of Item 18.)  20c. TIME OF Hour Month, Day, Year   19. TIME OF HOUR MONTH OF HOUR MONT	7/ //					disease condition given in PART  /(a)	there a pregnancy in last 90 day
Destroy occurred at title)  206. PLACE OF INJURY (e.g., in or about home, larm, factory, street, office bldg., etc.)  207. CITY, TOWN, OR LOCATION  COUNTY STATE with a firm alive on 3 - 2 - 6 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2						$\mathcal{F}_{\mathcal{A}}$	O-/ Yes No Unknow
DATE STATE    STATE		DWE				19. WAS AUTOPSY 204. ACCIDENT SUICIDE HOMICIDE 206. DESCRIBE HOW INJURY OCCURRED.	(Enter nature of injury in PART I or PART II of Item 18.)
Desth occurred at title)  206. PLACE OF INJURY (e.g., in or about home, length of the best of my knowledge, from the causes stated.  207. CITY, TOWN, OR LOCATION  COUNTY STATE farm, factory, street, office bldg., etc.)  21. aftended the deceased from 1949	7	<u> </u>	11				
NOT WHILE AT WORK  21. effended the deceased from 1949 , to 3-7-62 and last saw him alive on 3-2-62  Death occurred at 7:30 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.  22a. SIGNATURE 22b. ADDRESS 22b. ADDRESS 22b. ADDRESS 22b. ADDRESS 22c. DATE SIGNED 22b. ADDRESS 22c. DATE SIGNED	¥ Š	₹			1	INJURY a.m. Injury	ora travita
Desth occurred at Desth occurr						20d. NJURY OCCURRED   20e. PLACE OF INJURY (e.g., in or about home, WHILE AT WORK     NOT WHILE AT WORK	LOCATION COUNTY STATE
Deeth occurred at 130 Fair m on the date stated above, and to the best of my knowledge, from the causes stated.    22a, Signature   22b, ADDRESS   23d, ADDRESS   23d, LOCATION (City, town; or dounty)   23d,	A S E	8	11			1949 3-7-62-	last any her alive - 2 - 2 - (a ) -
23d BURIAL CREMATION, 23b. DATE 23d NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town; or dounty) (State)  23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town; or dounty) (State)  23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town; or dounty) (State)  23d. LOCATION (City, town; or	E E	2		- 1		1 / n/20'n w	• • • • • • • • • • • • • • • • • • •
234 BURIAL, CREMATION, 23b. DATE 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town; or dounty) (State)  23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town; or dounty) (State)  23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town; or dounty) (State)  23d. LOCATION (City, town; or dounty) (State)  23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town; or dounty) (State)  23d. LOCATION (City, town; or dounty) (S	<u>,                                    </u>	밀	]	1	1	peath occurred at mile date stated above, and	
234 BURIAL, CREMATION, 23b. DATE 23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town; or dounty) (State)  23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town; or dounty) (State)  23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town; or dounty) (State)  23d. LOCATION (City, town; or dounty) (State)  23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town; or dounty) (State)  23d. LOCATION (City, town; or dounty) (S	Si A	Ę,	1			22a. SIGNATURE  (Digree of title)  22b. ADDRESS 1337	22c. DATE SIGNE
	-		$\perp \downarrow$		₹		
		Ō			9	REMOVAL (Specify)  Runnia 7  (a) 18-1962  Cal years Compt pay	"Sty Louis, " \ Missouri.
Math. Hermann & Son Inc. 2161 E. Fair Ave. APR 16 1962   Karl Amith. M.D.		5				24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG	
		ITE			չ	Math. Hermann & Son Inc. 2161 E. Fair Ave. APR 16 1962	Can Smith . M.D.



## STATEMENT BY LICENSED EMBALMER

I hereby	certify that the body whose name is recogn	ded on the reverse side of this certificate was embalmed by me,
or by		, Student Embalmer No
	my personal supervision.	Signed Welford & Beesnley
Student	Pinner of Carlott Carbolina	Signed V V V V V V V V V V V V V V V V V V V
	Signature of Student Embalmer	Licensed Embalmer No. 4207
		P. O. Address Al Lovey Ro

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.